

Connecticut

Medicaid Program: Medical Assistance Program

Program Administrator: Connecticut Department of Social Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, & Vermont

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Medicaid Telehealth Reimbursement

Summary

Connecticut Medicaid is required to cover telemedicine services for categories of health care that the commissioner determines are appropriate, cost effective and likely to expand access. The CT Medicaid Program manuals do not mention reimbursement for telemedicine but does indicate that while they do not provide reimbursement for behavioral health services provided electronically or over the phone, there is an exception for case management behavioral health services for clients age eighteen and under. Additionally, Connecticut does provide reimbursement for electronic consults (store-and-forward) between providers under certain circumstances.

There is no reference to remote patient monitoring.

Definitions

Definition for Telemedicine Demonstration Program for FQHCs: “Telemedicine means the use of interactive audio, interactive video or interactive data communication in the delivery of medical advice, diagnosis, care or treatment...Telemedicine does not include the use of facsimile or audio-only telephone.”

Source: CT General Statute 17b, Sec. 245c. (Accessed Mar. 2019).

“Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient’s physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

Source: CT General Statute 19a, Sec. 906. (Accessed Mar. 2019).

Live Video

Policy

CT Medicaid is required (within available state and federal resources) to provide coverage for telehealth services for categories of health care services that the commissioner determines are clinically appropriate to be provided through telehealth, cost effective for the state and likely to expand access to services for whom accessing healthcare poses an undue hardship.

Source: CT General Statute 17b, Sec. 245e. (Accessed Mar. 2019).

Connecticut’s Medical Assistance Program will not pay for information or services provided to a client by a provider electronically or over the telephone, however there is an exception for case management behavioral health services for clients age eighteen and under.

Source: CT Provider Manual. Physicians and Psychiatrists. Sec. 17b-262-342. Pg. 9, Aug. 2013 and CT Provider Manual. Psychologists. Sec. 17b-262-472. Pg. 7. (Accessed Sept. 2018) & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6.(Accessed Mar. 2019).



Policy

A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store-and-forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information.

Source: CA Gen. Statutes Sec. 19a-906(b)(1). (Accessed Mar. 2019).

Eligible Services / Specialties

Case management behavioral health services for clients age eighteen and under is the only service allowed.

Source: CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Mar. 2019).

Eligible Providers

Telehealth providers includes the following who are providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession:

- Any physician licensed under chapter 370
- Physical therapist
- Chiropractor
- Naturopath
- Podiatrist
- Occupational therapist
- Optometrist
- Registered nurse or advanced practice registered nurse
- Physician assistant
- Psychologist
- Marital and family therapist
- Clinical social worker or master social worker
- Alcohol and drug counselor
- Professional counselor
- Dietitian-nutritionist
- Speech and language pathologist
- Respiratory care practitioner
- Audiologist
- Pharmacist

Source: CA Gen. Statutes Sec. 19a-906(a)(12). (Accessed Mar. 2019).



Medicaid Telehealth Reimbursement

Live Video	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
	Policy	<p>Federally Qualified Health Centers, outpatient office settings, outpatient hospital settings and clinic settings can be reimbursed for electronic consults (e-consults) for specialty care (provider to provider communication).</p> <p>Source: CT Policy Transmittal 2017-07. Effective July 1, 2017. (Accessed Mar. 2019).</p>
Store-and-Forward	Eligible Services/Specialties	<p>Provider to provider communication for specialty care is the only service that qualifies.</p> <p>Source: CT Policy Transmittal 2017-07. Effective July 1, 2017. (Accessed Mar. 2019).</p>



Medicaid Telehealth Reimbursement

Store-and-Forward		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
Remote Patient Monitoring		Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.



Medicaid Telehealth Reimbursement

Email / Phone / Fax

The department shall not pay for information or services provided to a client over the telephone except for case management behavioral health services for patients aged 18 and under.

Source: *CT Provider Manual. Clinic. Sec. 17b-262-823. Ch. 8, pg. 87, Jan. 31, 2018. (Accessed Mar. 2019).* & *Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Mar. 2019).*

Consent

At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

Consent must be obtained by the parent or the patients legal guardian.

Source: *CA Gen. Statutes Sec. 19a-906(b)(2). (Accessed Mar. 2019).*

Out of State Providers

No reference found.

Miscellaneous

No reference found.

Private Payer Laws

Definitions

"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

Source: *CT General Statute 19a, Sec. 906(a)(11). (Accessed Mar. 2019).*



Private Payer Laws	Requirements	<p>Each individual health insurance policy and group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide coverage for medical advice, diagnosis, care or treatment provided via telehealth to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider, and shall be subject to the same terms and conditions of the policy.</p> <p>Source: <i>CT General Statute 38a, Sec. 499a. (Accessed Mar. 2019).</i></p>	
	Parity	Service Parity	<p>Coverage must be provided for telehealth if it would be covered in-person, subject to the terms and conditions of the policy.</p> <p>Source: <i>CT General Statute 38a, Sec. 499a. (Accessed Mar. 2019).</i></p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>“Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient’s physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.</p> <p>Source: <i>CT General Statute 19a, Sec. 906 (Accessed Mar. 2019).</i></p>	
	Consent	<p>At the time of the telehealth provider’s first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient’s consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient’s health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient’s health record.</p> <p>Consent must be obtained by the parent or the patients legal guardian.</p> <p>Source: <i>CT General Statute 19a, Sec. 906(b)(2) (Accessed Mar. 2019).</i></p>	



Online Prescribing

No telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, in a manner consistent with federal law, for the treatment of a person with a psychiatric disability or substance use disorder, including but not limited to medication assisted treatment.

Source: *CT General Statute 19a, Sec. 906(c)* (Accessed Mar. 2019).

Cross-State Licensing

Department of Public Health may establish a process of accepting an applicant's license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met.

Source: *CT General Statutes 20, Sec. 12.* (Accessed Mar. 2019).

Miscellaneous

No reference found.

